## MONTGOMERY COUNTY, MARYLAND DIVISION OF TREASURY

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ROOM RENTAL-TRANSIENT TAX ACCOUNT NUMBER ASSIGNED

## APPLICATION FOR MONTGOMERY COUNTY ROOM RENTAL-TRANSIENT TAX ACCOUNT NUMBER PLEASE READ PAGE ENTITLED APPLICATION INFORMATION BEFORE COMPLETING THIS FORM. ALL QUESTIONS MUST BE ANSWERED ---PRINT OR TYPE

| Name under which business is to be conducted   |                              |                     |         |       |  |
|--|------------------------------|---------------------|---------|-------|--|
| Address of business (Street & Number)  | (City or Town)               | (Ctata)             |         | (7:n) |  |
| (Street & Number)  | (City of Town)               | (State)             |         | (Zip) |  |
| Is this a new business? YES  | NO                           |                     |         |       |  |
| Date started or date to start at above address   | 25.1                         |                     | (T.T. ) |       |  |
| Mailing address of business, if different from line 2.   | (Month)                      | (Day)               | (Year)  |       |  |
| (Street & Number)  | (City or Town)               | (State)             | (Zip)   |       |  |
| Telephone number of business ()  |                              |                     |         |       |  |
| Name and address of owner, if different from lines 1, 2 or 5.  Name  |                              |                     |         |       |  |
| Address(Street & Number)   |                              | (2)                 |         |       |  |
| (Street & Number)  | (City or Town)               | (State)             | (Zip)   |       |  |
| Type of ownership: Individual Proprietor   | Partnership                  | Corporation         |         | Other |  |
| Explain Other  |                              |                     |         |       |  |
| Name and address of Partner or Principal Officers (a   | attach another page if neces | ssary)              |         |       |  |
| Type of accounting method: Cash  | Accrual basis                | Other               |         |       |  |
| Explain Other  |                              |                     |         |       |  |
| Name and address where accounting records are main   | intained (If same as 1, 2 or | 5 above, leave bla  | ank)    |       |  |
| Monthly filing is required unless quarterly filing is requested. To request quarterly filing check here If checked, quarterly filing is approved unless denied in writing by our office. |                              |                     |         |       |  |
|  |                              | erly filing check h | ere     | If    |  |

## **ROOM RENTAL-TRANSIENT TAX APPLICATION INFORMATION**

- 1. Every hotelkeeper, which includes brokers, receiving any payment for room rental is subject to this tax, must submit an application for Montgomery County Room Rental-Transient Tax Account Number.
- 2. Montgomery County Room Rental-Transient Tax account numbers established by the Director of Finance shall not be transferred.
- 3. The monthly return should be accompanied by the tax payment.
- 4. Make check or money orders payable to Montgomery County, Maryland. **Do not send cash.**
- 5. Monthly returns must be filed on or <u>before</u> the last day of each month, covering the immediate preceding calendar month. Upon written application to and with the consent of the Director of Finance, the following schedule may be adopted for filing returns:

| For Months of               | Return Due On/Or Before  |
|-----------------------------|--------------------------|
| January, February, March    | April 30th               |
| April, May, June            | July 31st                |
| July, August, September     | October 31 <sup>st</sup> |
| October, November, December | January 31st             |

When using the quarterly schedule for filing, a return for each month must be completed.

VISIT OUR WEB SITE ON EXCISE TAXES AT:

www.montgomerycountymd.gov